RESTLESS DEVELOPMENT
POWERED BY YOUNG PEOPLE

A YOUTH-LED RESEARCH REPORT

Investigation into the accessibility of sexual reproductive health services among young people during COVID-19.

A case study of Eyecourt and Ushewokunze, Harare, Zimbabwe.

Supported by

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YRA YOUTH RESEARCHERS ACADEMY

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PREFACE

The health of young people across the Globe is hanging by shoe string. Issues to do with affordability and accessibility have been topical since time immemorial but the COVID-19 pandemic has made it worse. In the last 4 months, we have been researching about the accessibility of sexual reproductive health services among young people during the COVID-19 pandemic. We were doing this using the Youth-led research methodology introduced to us by Restless Development. Through this methodology, we led 6 key steps in research that are setting the framework, designing research questions, data collection, data analysis, data validation, and convening conversations for action. We are thrilled to be sharing with you this research study with in-depth insights from young people like ourselves around the accessibility of sexual reproductive health services among young people during the COVID-19.

With this report, we contribute to discussions on how to ensure that young people have quality affordable Sexual health services and offer valuable recommendations to decision-makers at various levels on how the health delivery system that young people rely on can be made fool proof during the time of pandemics and other similar health emergencies.

We call upon you to hear us and the voices of young people as you delve into the respondent's lived experiences, challenges, and barriers that are in this report. It was an intriguing adventure to talk to fellow young people who are battling with access to sexual reproductive health services. It was compelling to uncover that young people lack comprehensive knowledge and yearn to have information and access to services.

This report is a call to action for all stakeholders to change their concept of youth programming and to invest in approaches that involve young people throughout the process. We would like to thank all the young researchers for their hard work and commitment in developing this report. We would also like to take this opportunity to convey our special thanks to the Restless Development team for the guidance and insights that they gave us on this research journey. Finally, we would like to acknowledge HIVOS for its genuine interest and investment in young people. We thank you for walking with us through this amazing journey.

Tsitsi Masvusvu, Panashe Gurira, Godswill Mabasa, Kudzai Clarissa Tarakinyu
Young researchers

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KEY TERMINOLOGY AND ACRONYMS

Bearing in mind that semantics and diction mean different things in different settings. Below are the key terminology and acronyms used in this research. The definitions below have been crafted to suit the context of this research.

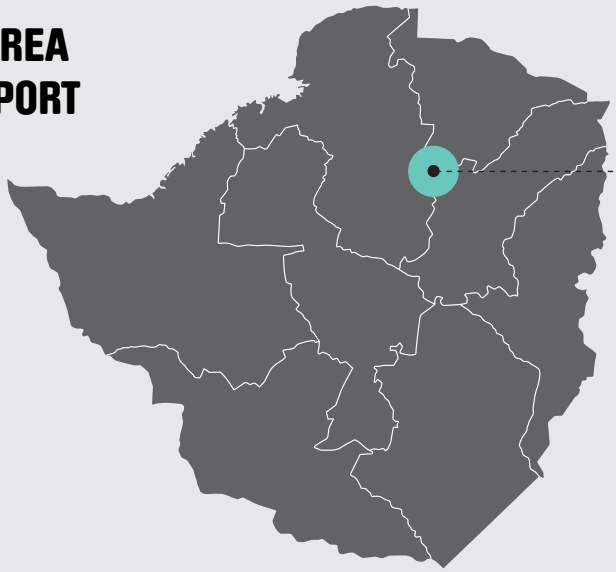
COVID-19	is the name given by the World Health Organization (WHO) on February 11, 2020 for the disease caused by the novel coronavirus SARS-CoV2
SRH	Sexual and Reproductive Health
STI	Sexually transmitted Infections
HIV	Human immunodeficiency virus
Accessibility	refers to the quality of being able to get information, education, and services. Access therefore can be of tangible or intangible commodities that are pivotal in promoting sexual reproductive health among young people.
Availability	refers to the presence of a commodity or a service
Affordability	is something that an individual is capable of purchasing or has enough money to pay for a certain service
Peri-urban areas	are fringe located between the city and countryside that develop as a result of immigration from urban and rural areas.
Sexual Reproductive Health	is a field of research, health care, and social activism that explores the health of an individual's reproductive system and sexual well-being during all stages of life.
Guchu	is a shona word that refers to the traditional male medicine that is used to clean the system and STIs.

EXECUTIVE SUMMARY

Whilst sexual reproductive health is a basic right, access to services is a challenge to young people in emerging communities in Zimbabwe. Although there have been efforts to address these hurdles much needs to be done in terms of closing these gaps and ensuring that young people have comprehensive youth-friendly sexual reproductive health services. The research investigated the accessibility of Sexual Reproductive Health services during the COVID-19 era among young people in Eyecourt and Ushewekunze. The study objectives focused on accessibility trends during the COVID-19 era, the effects of the inaccessibility of SRH services, and strategies to mitigate. A youth-led research methodology was used in which four young people led the research processes with technical backstopping from staff. A mixed methodology was utilized, where data was captured using semi-structured interviews, key informant interviews and a survey administered through a questionnaire. A diverse group of young people were recruited as respondents, these include young mothers, adolescent girls, young women, drug and substance abusers and adolescent men and young men in peri-urban areas.

To gain a broader understanding of the accessibility of sexual reproductive health services among young people key informants such as community caseworkers and health workers at the local health facilities were also interviewed as key informants. A sample of 104 respondents were engaged. Research findings show that during the COVID-19 era accessibility of SRHs was difficult as a result of travel restrictions, proximity of health facilities, pricing as well as withdrawal of services by Non-Governmental Organisations who are key service providers in complementing government efforts. It was also noted from the findings that COVID-19 only worsened an already precarious situation but the accessibility of SRH services has always been a challenge that young people face because of the absence of Government health facilities , social norms, and unfriendly services by health care providers. So far response mechanisms have been mainly led by non-governmental Organizations in the form of mobile outreaches, and these initiatives have been remedial in nature without addressing the root cause of the problem. The young people recommended the following in a bid to address the accessibility of SRH services, investment in a health facility / mobile clinic, safe space to allow for conversations around sex in the community. Affordability, availability, and quality of services need to be taken into consideration. There is need for collaborations and partnerships so that services for young people can be holistic in addressing their concerns.

RESEARCH AREA FOR THIS REPORT



Eyecourt and Ushewekunze in Harare south

INTRODUCTION

The pervasive COVID-19 pandemic continues to cause social and economic mayhem not only in Zimbabwe but on a global scale.

As the world reacts to the dangers to human life posed by the pandemic, Njanji and Zhou (2021) note that a raft of emergency lockdown laws introduced at national and international levels, movement restrictions, banning of social gatherings, closure of non-essential services, among others. The containment measures put by the Government of Zimbabwe affected the natural flow of people and goods and services in and outside of Zimbabwe, creating an immeasurable amount of challenges to every Zimbabwean, including young people. The pandemic impacted heavily on the youth-friendly sexual reproductive health services and information gathering as one of the key strategies to enhance young people's health. With the incessant lockdowns since the outbreak of the pandemic, "*girls and young women faced significant barriers in accessing essential sexual and reproductive health information and services before the COVID-19 crisis. Now, amid a pandemic that is straining even the most robust of healthcare systems, there is a real risk that these rights will move even further from reach"* (Plan International, 2021). With an increased level of gender-based violence, child marriages and teenage pregnancy are on the rise. The study, therefore, seeks to assess the factors that prohibit young people's access and utilization of youth-friendly sexual reproductive health information and services using the case study of Ushewokunze and Eyecourt in Zimbabwe.

Previous research has been conducted to understand the impact of COVID-19 on young people concentrating on socio-economic issues. Other studies have focused on how COVID-19 has affected people with disabilities. This research is unique in that its aim was to investigate the accessibility of Sexual Reproductive Health Services during the COVID-19 era among young people. Instead of focusing on the socio-economic factors, we looked into the impact of COVID-19 on the Sexual Reproductive Health of young people.

RESEARCH METHODOLOGY

Youth Leadership

Restless Development is about one thing: youth leadership. We listen to young people, our work is led by young people, and together we support young people to multiply leadership. This action views youth leadership holistically as depicted in the figure below, illustrating the levels of youth engagement that were used for this research:

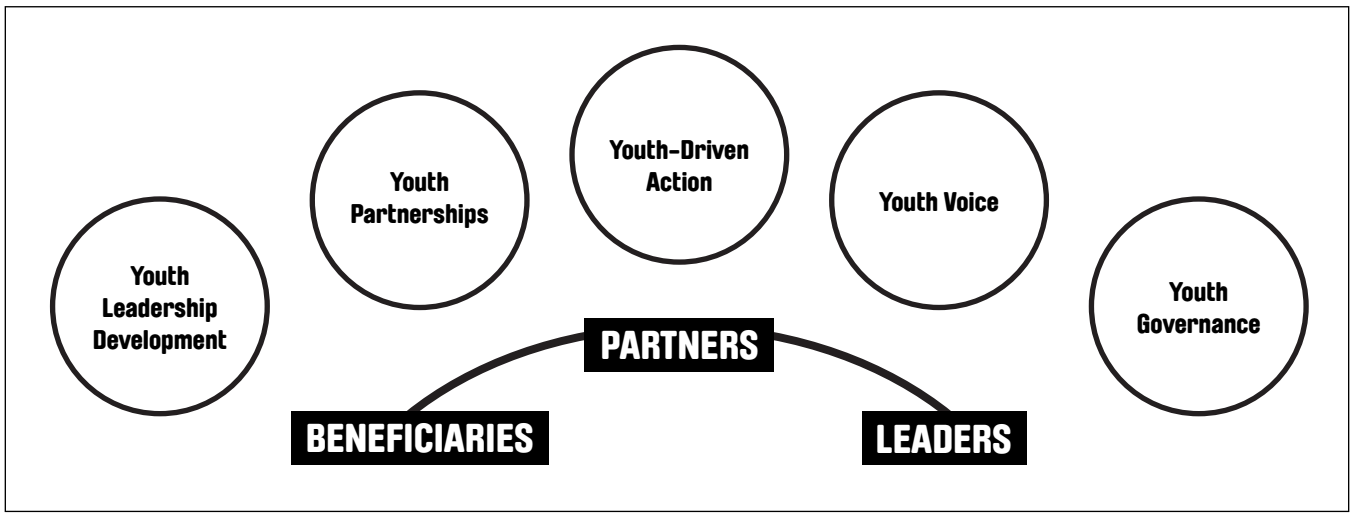


Figure 1 – Youth engagement illustration

Youth-led research

We utilized our youth-led research approach by partnering with young people to capture key insights and evidence on the accessibility of sexual reproductive health services among young people during COVID-19. Our approach is comprised of the following components:

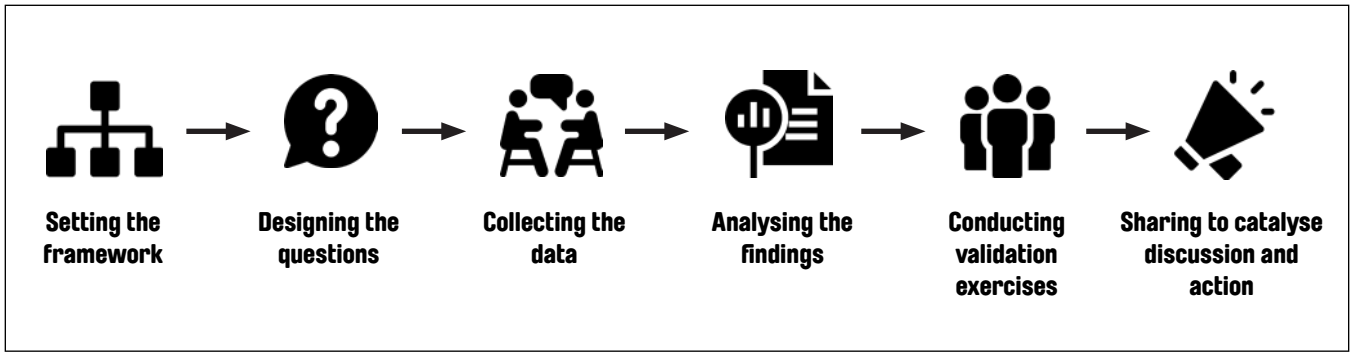


Figure 2 – Youth Research Methodology

What makes this approach unique is that staff and young leaders have clearly defined roles, designed to maximize youth leadership. Using this approach, we trained 4 Young Leaders in quantitative and qualitative

research skills, incorporating their insights into the research tools and supporting them to capture the experience of their peers. They led a research process assessing the accessibility of sexual reproductive health services among young people during the COVID-19. The approach enabled the young people themselves to ask questions based on their priorities, collect stronger data through a deeper rapport and generate better insights on the issues affecting young people.

Research design

We used a mixed approach as we needed to obtain statistics and also lived experiences of young people. The mixed-method allowed for triangulation and ensured the complementarity of qualitative and quantitative approaches. Recognizing that all methods have limitations, the biases inherent in any single method (qualitative and quantitative) helped to cancel the biases of another method. Qualitative data enabled a deep understanding of young people's experience with SRH issues. While this data is representative of a small geographic area, the rich narrative detail we captured through this design provides an indicative, nuanced picture of young people's realities that are often lost in quantitative studies.

Sampling

Data was collected in the Harare South area, Ushewekunze, and Eyecourt. Snowball was used to recruit young people because we the research team only wanted to interview young people that were in the habit of seeking for or accessing SRH services. Purposive sampling was used to recruit key informants as respondents. The sample size was determined by the available budget, time available, and the necessary degree of precision needed by the research team.

Respondent	Data collection tool	Sample by gender
Young People	Semi-Structured Interviews	52 (24 females, 28 males)
Stakeholders	Key Informant Interviews	4 (2 Health care providers, 2 district officials)
Young People	Survey questionnaires	48 (23 females, 25 males)

Table 1 – Sampling Matrix

Data collection

Qualitative data was collected using Semi Structured Interviews and Key Informant Interviews whilst quantitative data was collected through a Survey with a questionnaire administered through KOBO Collect.

Data Analysis

The Young researchers took part in a participatory analysis workshop. At the beginning of this workshop, researchers finalized transcription of the data, with staff providing quality control and support. Afterward, they were supported to offer their interpretation of quantitative data and conduct a preliminary deductive thematic analysis of the qualitative data where they drew out general themes emerging from the data that was

later condensed into specific findings. They coded, transcribed, and reviewed data according to pre-specified key codes of interest drawn from primary and secondary research questions. They then analysed the coded data to find emerging patterns that could be developed into themes. We then re-verified themes against our dataset to ensure they were data-driven, and that every emerging theme had a strong basis in our primary data. Finally, we mapped evidence-based themes against one other, drawing connections between them, and then described them in detail.

Data Validation

Restless Development is invested in being data-driven, as such it was important to take the findings back to the farming communities where data was initially collected from. Through this process, young people were given an opportunity to review and interrogate the preliminary findings and see whether or not the report accurately reflected their perspectives and experiences, in the process adjusting anything that did not. This process also allowed respondents to understand what is done with the information that they share. At this touchpoint, respondents had the opportunity to add any further clarifications and for the research tea to ask any additional questions that may have emerged from the data collection phase but may have been raised as pertinent during data validation.

Conversations for Action

Conversations for Action are an integral part of every research that Restless Development conducts; this is why from the onset we are deliberate and clear on how we plan to use the findings with the intention to inform and influence. Restless Development has moved from simply disseminating findings to triggering impactful discussions by sharing findings in spaces where decisions are made. The research team presented its findings at the local, district, and national levels. The following are some of the recommendations made by the decision-makers at the Community and District levels through conversations for action.

- The government needs to make use of the satellite buildings that are being under-utilized and just use those facilities to create a small clinic that will act as a **one stop centre** to individuals that are in need of help.
- **Collaborative engagement** between the civic society, government, and the community to ensure quality affordable SRH services for young people.
- **Comprehensive information dissemination** on the services available or awareness campaigns
- **Decentralize service provision** through mobile outreaches and create secondary access points.
- Promote **parent youth forums** to bridge the generational gap
- Government to **invest** more in SRH so that when a pandemic strikes young people will still be able to access services.
- **Continuous monitoring and assessment** of health care facilities to ensure consistent quality affordable SRH services for young people.

FINDINGS AND RECOMMENDATIONS

We found that ....

The unavailability of a health care centre is the main barrier that hinders young people from accessing SRH services. Even as COVID-19 worsened the accessibility of SRH services among young people were already problematic. The nonexistence of Government-owned health facilities was mostly peculiar. Most young people mentioned that the private owned health facilities that are far away are particularly expensive.

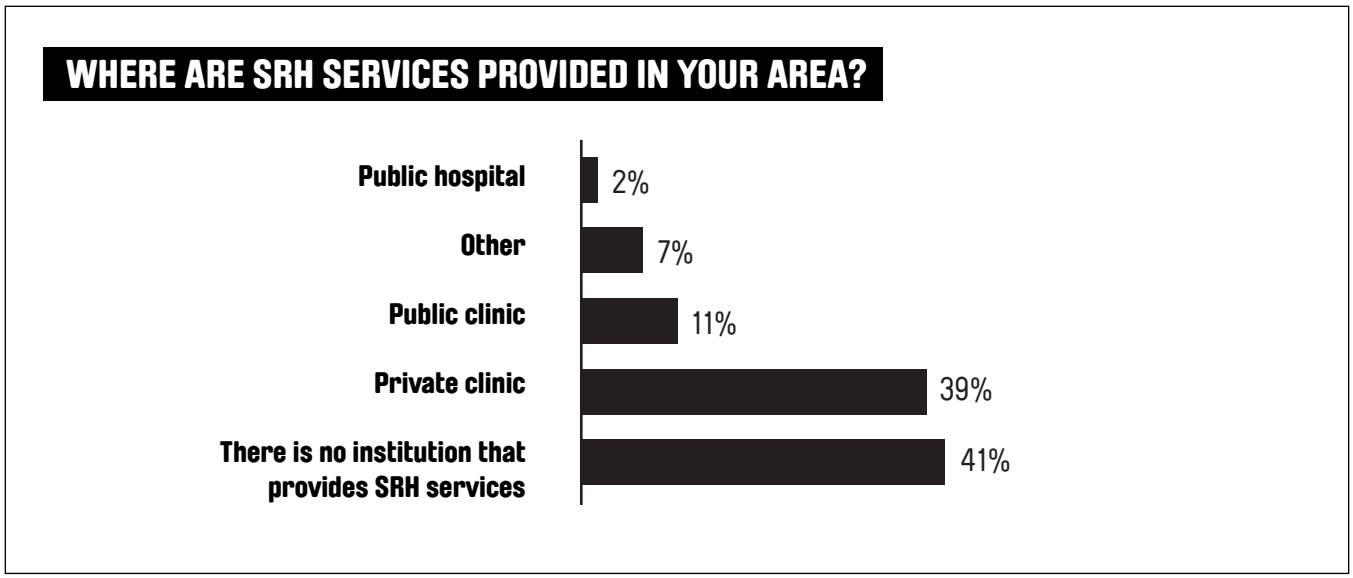


Figure 3 – SRH access and provision

“We do not have a public local clinic in our community as a result HIV testing is not done for free. The local private clinics charge a fee of 3 dollars for HIV testing because they want to make profits.”
– Young person

“There are no governmental clinics available in our community, the only clinic that is available is a private clinic. I do not go to get services there because it is expensive for me since I am unemployed.” *– Young person*

How can we do it differently?

The government needs to establish a **public health facility** in the area as it makes it easy for people to access services that have reasonable prices and sometimes are free of charge. Whilst a clinic is being established **mobile clinics** can be used so that young people are able to access SRHs services. Use of mobile clinics should be introduced nationwide. This will ensure equal distribution of SRH services among young people as the services will be free and reach out to everyone. The move embraces Sustainable Development Goal 3 that there should be equality in access to health care services.

"The Government should intervene. They need to build public hospitals and clinics so that the services SRH services are accessed freely or at a low cost than what private clinic charge."
- Young person

"Establishment of a local clinic may take ages to be built as such a mobile clinic can be a temporary measure that will ensure young people get the services that they require."
- Child care worker

We found that ....

Young people are not willing to access SRH services **even before COVID-19 due to social norms**. Young people are not willing to get SRH services due to the fear of facing prejudice from the community. Sex among young people who are not married is seen as a taboo especially among women. Many young people especially females prefer not to get SRH services such as STI treatment or contraceptives because of fear of community judgement, they are afraid that people will view them as prostitutes or mischievous.

"Generally, young people are afraid of coming to seek for health facilities as they are scared of being judged." *- A nurse from the private clinic*

"I have never gone to a clinic to receive SRHs because I am afraid that if I bump into any members of my community they might think that I am mischievous or may tell my parents." *- Young female*

How can we do it differently?

Community awareness is important to address social barriers that hinder young people to access services. There is a need to educate the community on the importance of SRH services among young people. Community leaders should also be trained and engaged as they will help to educate the community. Once people are educated it will help break the social barrier which will make it easy for young people to seek for SRH services.

“Community members need to be educated so that they know that many young people are sexually active and it is better for them to accept that they need SRH services which will help prevent STIs.” – *Young person*

We found that ....

Young people failed to access the SRHs as private clinics charged more than what young people are able to pay. COVID–19 worsened the accessibility trend this is reflected through the price hikes of SRH services at private clinics. Most young people could not afford the charges of private clinics, the prices doubled during COVID–19. This meant that some of the youth who previously afforded were not able to do so.

“Private clinics increased prices during the COVID-19 lockdowns and this hindered many young people from accessing services.” – *Young person*

How can we do it differently?

Government has to **ensure that basic SRH services such as condoms, family planning and HIV testing are provided for free** since health is a basic right that should be affordable and accessible to everyone. Governments and all partners should ensure that adequate financial resources are provided and investments made so that all people can access information, education and quality SRHR services despite a pandemic.

We found that ....

The **lockdown restrictions** made it difficult to travel to access SRH services on a regular basis. Due to the absence of a Government Facility young people travel to nearby communities to access services. The lockdown restrictions made it difficult for people to travel and get services. Those who had a chance to go to nearby clinics failed to get services as the Facilities had a stipulated number of clients that they served per day. The proximity of health facilities determines the frequency of obtaining services by young people.

“Travel restrictions made it difficult for me to travel to a nearby clinic in Chitungwiza where I get affordable family planning pills.”

“During the lockdown restrictions I had a chance to sneak to go to a nearby hospital but I was disappointed because they served a limited number of people of which the people in that community could easily come early.”

How can we do it differently?

The Government has to **establish a clinic** so that people do not have to travel a long distance to access services that can be provided in their community. In the absence of resources, **mobile clinics** may be used so that young people do not have to wait for the completion of a clinic to get SRHs. The Government has to ensure that basic SRHs are free or at low cost in the clinics.

We found that ....

The national lockdown and associated travel restrictions resulted in **NGOs and Stakeholders** who offer SRH programming and interventions to young people **withdrawing their services**. This meant that young people could not access free services which they usually got before the pandemic. NGOs' interventions such as awareness campaigns, contraceptive distribution, free HIV and STI testing and treatment have been the sources of SRHs among young people. The COVID-19 made it difficult to obtain free services.

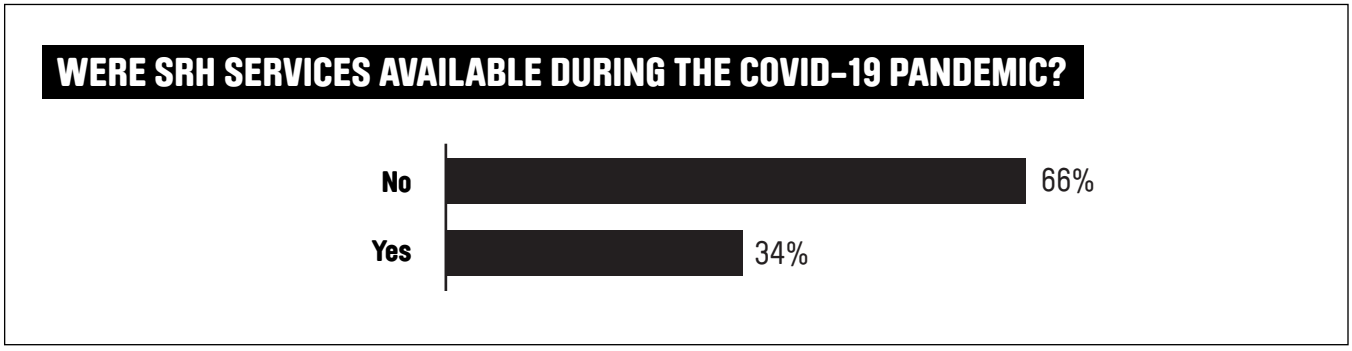


Figure 4 – SRH accessibility during COVID-19

"We used to have Shamwari YeMwanasikana but it quickly withdrew, and with the onset of the lockdown many NGOs withdrew their services." – *Key informant*

"Young people used to benefit from Organisations that came to the community, when COVID-19 restrictions were imposed all Organisations dropped their services." – *Young person*

We found that ....

Many young people have limited knowledge of the different types of sexual and reproductive health facilities available to them. The most commonly known service was condom distribution, followed by HIV testing and counselling and Family planning, reflecting a poor knowledge about other methods of SRHRs among this group of young people.

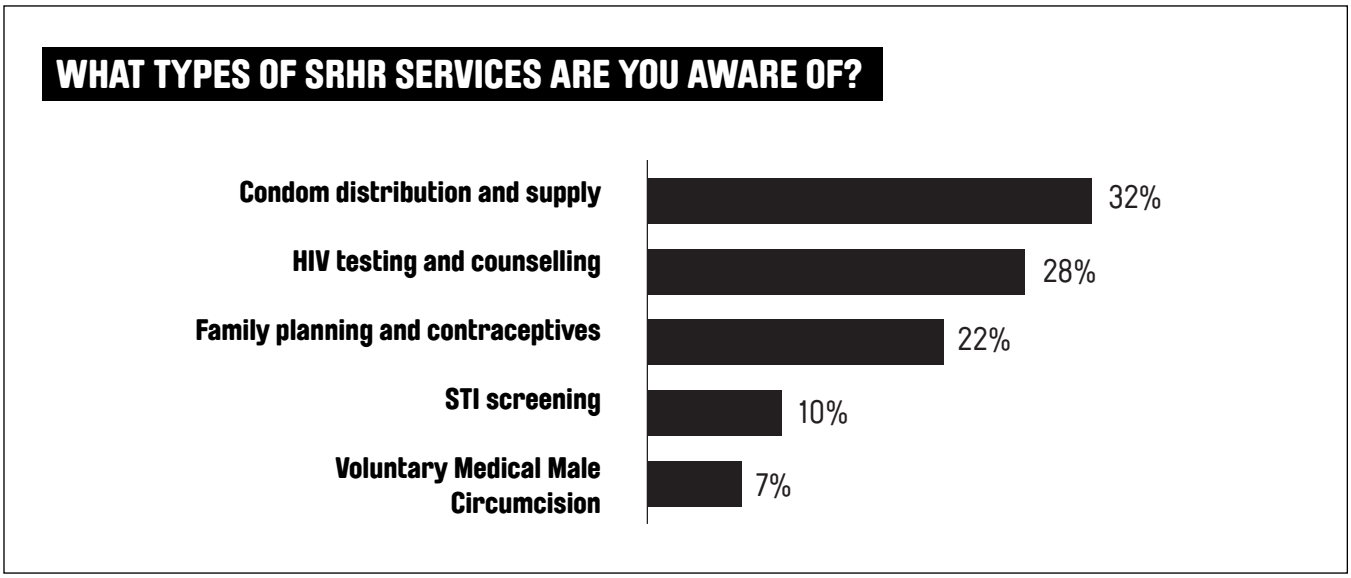


Figure 5 – Types of SRH services young people are aware of

How can we do it differently?

Widespread dissemination of SRH services is important to create spaces that can be easily accessed by young people at any given time. There is a need for **youth hubs** that can be readily available and accessible for everyone. Youth hubs can be used as a one-stop centre for young people to access services ranging from information to health packages. The creation of such centers is crucial in reaching out to young people- this will help to improve the knowledge on SRH services among young people. **Comprehensive Sexuality Education** both in school and in the community will help to improve SRH knowledge among young people. Sexuality education provides opportunities to explore one's own values and attitudes and to build decision-making, communication, and risk-reduction skills about many aspects of sexuality.

"We also have a big space down there which is sort of like a lodge, that place can be used as a youth hub, this will help young people to access all the services that they require." – *Young person*

We found that ....

The unavailability and inaccessibility of SRH services in the area led to young people resorting to **poor services offered** by unauthorized service providers. These people provided low-quality services like condoms and contraceptives which were cheap for young people. The local beer halls had condoms available, though a lot of the condoms will be expired which also contributes to the rise of pregnancies and the spread of sexually transmitted diseases.

“You can buy it (condom) for 50 bond notes, and you think it’s safe and you have sex with someone only to discover during sex that it is torn and you are only left wearing a ring.” – *Young person*

How can we do it differently?

Engaging young people and allowing them to **participate in advocacy initiatives** that call for addressing all key SRH concerns. While there are a lot of decisions that have been made in order to help young people with easy access to SRH services, not all decisions that are made see to the various needs of young people in different communities. Engaging young people in the decision-making process can help elaborate on the misconceptions about the sexual health of young people in such communities.

“I think that they should do campaigns with youth participation so that they get knowledge through advocating for their rights to the authorities like Members of the Parliament and Ward Councillors.” – *Key informant*

We found that ....

Inaccessibility of SRHR during the COVID-19 increased the **risk of young people contracting sexually transmitted infections**. Due to the barriers faced by young people, some of them ended up having unprotected sex which placed them at risk. STI treatment was high among young people.

“During the peak of COVID-19, we had a lot of young people who came to seek STI treatment, though most came when symptoms were severe.” – *Nurse*

“A lot of my friends were infected with Sick (STI), but were scared to mention they are infected. You would note that they they have Sick because of the change in how they walk.” – *Young person*

We found that ....

There was an increase in **teenage pregnancies** among young people. During COVID-19 there was no access to SRH services including information on the ways to prevent unwanted pregnancies. Idleness has been mentioned to be the lead cause of unplanned pregnancies among young people during COVID-19 restrictions. Those who have knowledge of preventing pregnancies and STIs were affected by the inaccessibility of SRH services.

“We had a lot of cases of teenage pregnancies among young people especially teenagers during the COVID-19 due to lack of information among young people. During this period I had a number of teenage pregnancies that I reported to the Department of Social Services.” *– Child Care Worker*

How can we do it differently?

There is a need for a positive influence on youth sexual behavior. This will help young people and even adolescents to make informed decisions. Improvement in **parent and child communication** will help parents to support young people to obtain SRH services even in the event that services cannot be afforded by the young people. **Peer-to-peer education** supported by stakeholders' initiatives will help to ensure that young people are aware of SRH services, and prevention methods and that they do not get treatment when symptoms are severe.

“Parents should just make it easy for their children to talk to them about such SRHs because if parents guide their children it helps young people to prevent themselves thereby reducing teenage pregnancies.” *– Young person*

“Young people should do campaigns on these issues teaching their peers about the use and importance of SRH. I believe that young people feel safer to discuss sex issues with their peers.”
– Community leader

We found that ....

The inaccessibility and unavailability of SRHs paved the way for **unqualified personnel to provide SRH services**. Young people got services such as maternity, abortions, STIs from unqualified people. Many young women went through unsafe abortions administered by unqualified personnel as they had unwanted pregnancies as a result of the inaccessibility of services. Some young people had to resort to traditional medication such as “guchu” for STI treatment. The poor services administered also led to the death of some young people.

“Recently, we have a guy who died because he had STI and used guchu because he had no money to go to the hospital.” – *Young person*

“We have a lady who sells traditional medicine, I hear that young girls who get pregnant go for abortion services.”

“Even when they do not have the correct medication required for you, they don’t turn you away (laughing) you wouldn’t even know whether you have been given the right medication since its business for them.” – *Young person*

How can we do it differently?

The Government should step up efforts to apprehend unqualified personnel that that are giving out medicine to desperate young people. Local coordination and intelligence should allow the police and local leadership to handle this issue decisively.

Commitments by Members of the National Assembly

A national Dialogue meeting was held with Members of the Parliament from the Youth and Health Portfolio Committee. The following are the commitments made by the **Honourable Members of parliament**:

- **Lobby** as Members of Parliament for clinics in every 5 km radius.
- **Increase joint synergies** between the health and youth committees so as to compliment all health efforts.
- There is a Youth Bill that hasn’t been presented in parliament the Youth Portfolio Committee of **Youth will push for the Bill to be passed**. Without a Youth Bill it means there is no law for the youths. The bill should talk about every sector of the economy believed to affect the youth including health.
- **Policy alignment** on age of consent, we will accelerate the amendment of section 35.
- For **Empowerment** there are policies and initiatives that are already there which include Venture Capital. We will ensure that the venture Capital benefits young people in the whole country (All Districts).
- We will **engage** the committee on Primary and Secondary Education and the committee on Secondary and Tertiary Education for the construction of educational facilities. This will help to ensure that young people have access to low-cost education.

CONCLUSION

Our findings identify gaps in the provision of sexual reproductive health services before the pandemic and during the pandemic. Some young people are facing challenges in accessing SRH services, some are facing challenges in paying for the services as well as paying for transport to areas that can provide them with such services. Solving these gaps comprehensively and consistently at a large scale requires a different approach, one that is based on inclusion and that can see to the needs of all young people.

Many of the problems that have been highlighted by the findings are related to the lack of accessibility of SRH services by all young people. There is no access to frequent SRH services for young people, many of them also showed that they have limited knowledge of the SRH services that are available and transport is also a barrier to accessing these services.

The challenge of the accessibility of SRH services on a regular basis for young people needs to be addressed on a systematic level. In order to address such issues, there should be an inclusive approach where policymakers engage with the youth in the decision-making processes.

Without fundamentally involving young people at the community level, the government sector is missing out on the opportunity to create a safe and inclusive space that can cater to the different issues that are limiting the accessibility of SRH services among young people. Instead of young people being the receivers of results from the decisions made for them, young people should be seen as partners and be involved in the decision-making process in improving the accessibility of SRH services in their areas. Their input and influence are very crucial during the decision-making process as they are the ones who are going to be using these services.

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